									0 4	7 /	195	87	⁷
PATENT APPLICATION FEE DETERMINATION RECOR								Application of Docket Number					
		CLAIMS A	S FILED (Column		(Calı	ımn 2)			ENTITY			R THAN	1
TOTAL CLAIMS			24			11111 2)		TYPE	FEE	OR T		ENTITY	1
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11		e in column 1 is	•	•		coiumn 2		TOTAL		OR	TOTAL		
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AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	rino i Priese	NTATION OF MU	LIPLE DEP	ENDENT C	LAIM			+140=					
• If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+280= TOTAL		
-	the "Highest Nur	mber Previously Pat mber Previously Pai ber Previously Paid	d For' IN THIS	SPACE IS I	ess than	3. enter "3."	~	TOTAL DDIT. FEE nd in the ap			DOTT. FEEL		